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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))	<b>Attorney Docket No.</b>	5063 US
	<b>First Inventor</b>	Luz Montesclaros et al.
	<b>Title</b>	METHODS AND KITS FOR OBTAINING NUCLEIC ACID FROM BIOLOGICAL SAMPLES
	<b>Express Mail Label No.</b>	EL 897 624 431 US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 59]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 13]
5. Oath or Declaration [Total Pages 2]
  - a. ☒ Unexecuted Declaration (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS Citations  
Statement (IDS)/PTO-1449
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Certified Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_ / \_\_\_\_\_ filed \_\_\_\_\_

Prior application information:

Examiner: \_\_\_\_\_

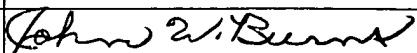
Group Art Unit: \_\_\_\_\_

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 22896 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
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Name	John W. Burns				
Address	Applied Biosystems				
	850 Lincoln Centre Drive				
City	Foster City	State	California	Zip Code	94404
Country	US	Telephone	650-570-6667	Fax	650-638-6677

Name (Print/Type)	John W. Burns	Registration No. (Attorney/Agent)	43,520
Signature		Date	7/11/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p>		<b>Complete if Known</b>	
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>948.00</b>		Application Number     To be assigned	Filing Date     July 11, 2003 (herewith)
First Named Inventor     Luz Montesclaros et al.		Examiner Name     To be assigned	
Group Art Unit     To be assigned		Attorney Docket No.     5063 US	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																														
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number     01-2213</p> <p>Deposit Account Name     Applied Biosystems</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> <b>Payment Enclosed:</b>  <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money    <input type="checkbox"/> Other Order</p>	<p><b>3. 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1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																											
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																											
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																											
<b>SUBTOTAL (2)</b>					<b>(\$)</b> <b>198.00</b>																																																																																																																																																																																										

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	John W. Burns	Registration No. (Attorney/Agent)	43,520	Telephone
Signature				Date
				7/11/03

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